Case Number:	CM13-0064058		
Date Assigned:	01/03/2014	**Date of Injury:**	01/14/2013
Decision Date:	05/07/2014	**UR Denial Date:**	11/27/2013
Priority:	Standard	**Application Received:**	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male maintenance worker sustained a displaced comminuted left distal radius fracture on 1/14/13 when he slipped and fell while cleaning a walkway covered with black ice. He underwent open reduction and internal fixation of the unstable comminuted partially healed distal radius fracture and carpal tunnel release on 2/8/13. Plain films on 3/20/13 documented the fracture was well-healed and in excellent condition. The patient was diagnosed with left deQuervain's tenosynovitis and underwent tenolysis on 8/13/13. The 11/20/13 PTP report indicated that the patient had a significant amount of pain throughout the wrist, mostly radially. Subjective pain factors outweighed objective findings. Exam findings documented full composite fist, mild loss of wrist flexion/extension, slight swelling over the first extensor compartment, equivocal Finkelstein's, and negative scaphoid lift. There was adhesion overlying the radial wrist scar, but the tendon was sliding freely. Tenderness was reported over the volar wrist scar at the level of the distal radius plate, confirmed by FluoroScan x-rays. There was some subcutaneous fat atrophy since a cortisone injection in June which was contributing to the plate being symptomatic. The plate was irritating the superficial radial nerve branches during occupational therapy, and therapy was discontinued. He was unable to progress with work restrictions with limited work hours available due to the level of restrictions. Removal of the left wrist hardware was recommended. The 11/27/13 utilization review decision recommended non-certification of the requested surgery as the hardware had not been isolated as the primary pain generator. The 12/4/13 PTP appeal stated that the place had been confirmed as the source of pain both by physical exam and Fluoro Scan x-rays with a marker over the site of maximal pain, which corresponded with the distal edge of the plate.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REMOVAL OF HARDWARE FROM LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, HAND, WRIST, HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION).

Decision rationale: Under consideration is a request for removal of left wrist hardware. The California MTUS do not provide recommendations for this surgery. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in cases of broken hardware or persistent pain, after ruling out other causes of pain such as infection or non-union. Guidelines criteria have been met. The patient continues to report significant pain at the level of the distal radius plate that precluded return to full duty work activities. Physical exam and Fluoroscan x-rays provided evidence that the site of maximal pain corresponded with the distal edge of the plate. X-rays documented complete healing of the fracture.